CITY OF CAMBRIDGE

INSPECTIONAL SERVICES DEPARTMENT

831 Massachsuetts Avenue Cambridge, MA 02139 617-349-6100

Ranjit Singanayagam, Commissioner

APPLICATION TO ALTER PLAN

Originally approved under permit #:	Fee	2:
In accordance wi	Section 107.4 of Mass State Buildin	ng Code
Date:		
Building Location:		
Owner's Name:		
Owner's Address:		
Owner's Phone Number:		
Contractor's License Number:		
Contractor's Name:		
Contractor's Address:		
Contractor's License Number:	City	Class:
Contractor's Phone Number:		
Architect/Designer's Name:		
Architect/Designer's Address:		
Architect/Designer's License #:	Phone Number:	
Engineer's Name:		
Engineer's Address:		
Engineer's License:		
Engineer's Phone Number:		
Type of Work: New Addition Addition Repa	on Change of Occupancy Other	
Estimated cost of general work (change from orig	al cost):	Fee:
Plans and specifications. Number of plans submit	d:	_
Owner's Signature:	Licensed Builder's Signature	
Amendment approved by:	Date:	Plans:
Zoning approved by:	Date:	Amend permit #: